Statement of Supervision

A Physician Assistant employed with the _____ **Family Health Team** *must practice under the supervision of a* **Dr. Knowledgeable** *and/or its associates.*

Primary Supervising Physician: Dr. Knowledgeable

Alternate Supervising Physicians: *Dr Happy*

In signing this I accept the terms and conditions outlined above.

Physician	*Signature*	*Date*
Dr. Knowledgeable		
Dr Happy		